

Harford County Department of Parks and Recreation

ACPR GYMNASTICS RECREATION COUNCIL SUMMER GYMNASTICS 2017

FOR AGES 5 YEARS AND OLDER

All classes will be held at the Churchville Recreation Center, 111 Glenville Rd., Churchville, MD. Classes are divided by age group. Sessions 1 thru 4 will work on all four women's gymnastics events and will be FIVE weeks long. Session 5 will be on 10 consecutive Saturdays. Session 6 is 10 weeks long and is for those that have the necessary skills. Session 7 & 8 are Tumbling and Trampoline Classes-10 weeks long. This class will place special emphasis on the back handspring and other tumbling skills. Session 2 does not meet on July 4th due to the holiday.

SESSION	AGE	TIME	DAY OF WEEK	DATES	
1	8 yrs. & older	9:00-10:30 am	Mon & Wed	June 19-July 19	
2	5-7 year olds	9:00-10:30 am	Tue & Thur	June 20-July 25	
3	8 yrs. & older	9:00-10:30 am	Mon & Wed	July 24-Aug 23	
4	5-7 year olds	9:00-10:30 am	Tue & Thur	Aug 1-Aug 31	
5	5-8 year olds	9:00-10:30 am	Saturdays	June 24-Aug 26	
6	Intermediate*/ Advanced**	4:30-6:00 pm	Fridays	June 23-Aug 25	
7	6 yrs. & older Tumbling & Tramp beginner	6:00-7:30 pm	Fridays	June 23-Aug 25	
8	7 yrs. & older Tumbling & tramp Intermediate*/ advanced**	6:00-7:30 pm	Fridays	June 23-Aug 25	



Cost: \$170.00
Checks are made payable to:
"ACPR GYMNASTICS"

NEW!!! REGISTER ONLINE AT:

www.acprgymnastics.siplay.com

Classes will be held on a first come, first served basis, contingent upon sufficient registration. There will no refunds or transfers of registration. Payment must be made at the time of registration. Unless you are otherwise notified, you may assume that the class will be held as scheduled. Your cancelled check will be your receipt. There are no make-up classes offered. If you wish to register by mail, the address is: ACPR Gymnastics, P.O. Box 248, Churchville, MD 21028.

5 YEARS & OLDER SUMMER GYMNASTICS 2017 SESSION: 2 6 1 3 4 5 8 TIME: _____ Class _____Age: ____ (Circle as many as you wish to attend) CHILD'S NAME: PHONE #:_____ ZIP: ADDRESS: _____ DATE OF BIRTH: *AGE*: _____ PARENT'S NAME: __ EMERGENCY NAME & PHONE #: AMT. PD. _____ CASH (Exact amount)_____ CHECK # _____ REG. DATE_____ Credit card payment accepted for online registration only

DISCLOSURE STATEMENT

I do hereby expressly agree to release Harford County, Maryland, a body corporate and politic of the State of Maryland, and its elected and appointed officials, agents, officers, and employees, from all liability arising from any harm or injury, including death, sustained by me while participating in this program. I understand that there is an inherent risk involved in any program. I certify, by my signature, that I understand this and agree. I also certify that my child is physically capable of participating. I will make the instructors aware of any allergies and/or medical problems. By my signature I acknowledge my understanding of the Concussion Information, SB771/HB858, which requires that all parents/guardians and athletes be made aware of the dangers a concussion may have on an athlete. This can be found at the Center for Disease Control, www.cdc.gov/headsup/youthsports/index.html. Also the Sudden Cardiac Arrest, HB 427, which requires that all parents and athletes be made aware of the dangers that sudden cardiac arrest may have on an athlete, found at www.nhlbi.nih.gov/health/health-topics/topics/scda. Further information on both can be found by calling 1-800-232-4636.

Pa	arent Signature	Date	,



^{*}Skills required for Intermediate - Backbend or Kickover, Cartwheel & round-off

^{**}Skills required for Advanced - Back handspring